

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <b>10/664960</b>		Filing Date			
							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1							51					
2							52					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep	2						Indep					
Total	15						Total					
Depend							Depend					
Total	17						Total					
Claims							Claims					